

APPLICATION FOR REZONING

CITY OF LEEDS, ALABAMA

1. Date of Application: _____ Requested Hearing Date _____
2. Name of Applicant: _____
Telephone: _____
Address: _____
3. Name of Owner: _____
Telephone: _____
Address: _____
4. Location of Property _____
Tax Parcel ID # _____
5. Acreage: _____
6. Existing Zoning _____ Existing Land use: _____
Proposed Zoning: _____ Proposed Land use: _____
7. Check all required submissions with this application:

- | | |
|-------|---|
| _____ | An Application fee |
| _____ | The reason for the request |
| _____ | The legal description of the subject property |
| _____ | A Vicinity Map |
| _____ | The availability of all required utilities |
| _____ | A Site Plan |
| _____ | The Proffer of rezoning conditions (if any) |

Signature of Applicant: _____

Signature of Authorization by Owner _____

FOR CITY USE ONLY:

\$150.00 Administrative fee received on _____ by Receipt # _____

Scheduled Date of hearing: _____

Application submitted by: _____ On: _____